



# KANSAS DRUG UTILIZATION REVIEW NEWSLETTER

Health Information Designs, LLC

Spring 2015

Welcome to the Spring 2015 edition of the "Kansas Drug Utilization Review Newsletter," published by Health Information Designs, LLC (HID). This newsletter is part of a continuing effort to keep the Medicaid provider community informed of important changes in the Kansas Medical Assistance Program (KMAP).

## Helpful Web Sites

### **KMAP Web Site**

<https://www.kmap-state-ks.us/>

### **KDHE-DHCF Web Site**

<http://www.kdheks.gov/hcf/>

### **KanCare Web Site**

<http://www.kancare.ks.gov/>

## Fee-For-Service (FFS)

### Helpful Numbers

#### **Provider Customer Service (Provider Use Only)**

1-800-933-6593

#### **Beneficiary Customer Service**

1-800-766-9012

#### **KMAP PA Help Desk**

1-800-285-4978

## **In This Issue**

Allergic Rhinitis

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## Understanding Allergic Rhinitis

### **Overview of Allergic Rhinitis**

Allergic rhinitis (commonly known as "hay fever") is a prevalent chronic illness that affects 40 to 60 million Americans. Allergic rhinitis (AR) is characterized by the inflammation of nasal mucosal membranes in response to exposure and sensitization to specific allergenic material via inhalation.

There are two main forms of AR:

- Seasonal: Symptoms usually occur in spring, summer, and early fall. This form is caused by seasonal allergens, such as airborne mold spores and pollens (from grass, trees, and weeds). In the spring, the most common triggers are grasses and pollens. In the fall, the most common trigger is ragweed.
- Perennial: Symptoms occur year-round. This form is caused by non-seasonal allergens, such as dust mites, pet hair or dander, cockroaches, or mold.

Additionally, seasonal and perennial AR can co-exist in the same patient.

### **Immune Response**

Allergic rhinitis begins when a patient is exposed to an allergen and the allergen is processed by lymphocytes; at this point, patients who will develop the allergy will produce IgE antibodies against the allergen (or antigen). Upon re-exposure to the allergen, IgE on the surface of histamine producing mast cells bind the antigen leading to degranulation of the mast cell. Degranulation of this cell leads to an immediate reaction with the release of inflammatory mediators, such as histamines, leukotrienes, prostaglandins, kinins, and tryptase. These mediators act to vasodilate the capillary bed of the nasal capillary, increase vascular permeability, as well as to increase the production of nasal secretions.

This acute reaction produces bothersome symptoms, including itching, sneezing, rhinorrhea, and obstruction. A late phase reaction typically occurs some four to eight hours after the acute reaction when mast cells further degranulate to release lymphocytes and cytokines.

### **Diagnosis**

Because there are several different causes of rhinitis, diagnosis of allergic rhinitis requires obtaining a medical history and interpretation of findings on the physical exam in addition to other diagnostic measures. Questions asked in obtaining the patient's medical history should adequately assess the frequency and severity of symptoms, times of the year when symptoms become worse, times of the year when symptoms become better, environmental exposure (both indoor and outdoor), and previous medication therapies the patient has attempted to control symptoms.

Skin tests are commonly used to determine an allergy; and verifies specific allergens.

|   |   |
|---|---|
| Prick or scratch test (Percutaneous test) | A tiny drop of a possible allergen is pricked or scratched into the skin. Most common test. Results in 10-20 minutes.                                 |
| Intradermal test                          | A small amount of possible allergen is injected under the skin using a thin needle. More sensitive than the percutaneous test. Results in 20 minutes. |

## Pharmacological Treatment

| Adults  | Children  |
|---|---|
| Recommended   |   |
| New-generation oral H <sub>1</sub> -antihistamines  | New-generation oral H <sub>1</sub> -antihistamines  |
| Intranasal glucocorticoids  |   |
| Suggested   |   |
| Oral leukotriene receptor antagonists for seasonal AR   | Oral leukotriene receptor antagonists for seasonal AR   |
|   | Oral leukotriene receptor antagonists for persistent AR in preschool children                   |
| Intranasal H <sub>1</sub> -antihistamines for seasonal AR                                       | Intranasal H <sub>1</sub> -antihistamines for seasonal AR                                       |
|   | Intranasal glucocorticoids  |
| Short course of oral glucocorticosteroids for uncontrolled nasal and ocular symptoms            | Short course of oral glucocorticosteroids for uncontrolled nasal and ocular symptoms            |
| Intranasal chromones  | Intranasal chromones  |
| Intranasal ipratropium bromide for rhinorrhea   | Intranasal ipratropium bromide for rhinorrhea   |
| Intraocular H <sub>1</sub> -antihistamines or intraocular chromones for conjunctivitis          | Intraocular H <sub>1</sub> -antihistamines or intraocular chromones for conjunctivitis          |
| Not recommended   |   |
| Oral H <sub>1</sub> -antihistamines for the prevention of wheezing or asthma                    | Oral H <sub>1</sub> -antihistamines for the prevention of wheezing or asthma                    |
| Intramuscular glucocorticosteroids  | Intramuscular glucocorticosteroids  |
| Oral decongestants regularly  | Oral decongestants regularly  |
|   | Intranasal decongestants in preschool children  |
| Homeopathy, acupuncture, Butterbur, herbal medicines, phototherapy or other physical techniques | Homeopathy, acupuncture, Butterbur, herbal medicines, phototherapy or other physical techniques |

## Oral Immunotherapy

Subcutaneous and sublingual allergen-specific immunotherapy is recommended. Below is an introduction to the new oral sublingual allergen-specific immunotherapy agents that are covered as an outpatient benefit.

| Grastek  | Ragwitek  | Oralair   |
|--|---|---|
| Approved for allergies caused by Timothy grass. <ul style="list-style-type: none"> <li>• Timothy grass is the allergen <i>Phleum pretense</i></li> </ul>   | Approved for allergies caused by short-ragweed pollen <ul style="list-style-type: none"> <li>• Short ragweed is the allergen <i>Ambrosia artemisiifolia</i></li> </ul>                            | Approved for allergies caused by five types of grasses: <ul style="list-style-type: none"> <li>• Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Blue grass</li> </ul>  |
| Approved between 5 and 65 years old  | Approved between 18 and 65 years old  | Approved between 10 and 65 years old  |
| Treatment must begin at least 12 weeks prior to onset of each grass pollen season <ul style="list-style-type: none"> <li>• The common Timothy grass season starts in early- to mid-summer</li> </ul> | Treatment must begin at least 12 weeks prior to onset of each grass pollen season <ul style="list-style-type: none"> <li>• The common ragweed season is between mid-August and October</li> </ul> | Treatment must begin at least 4 months prior to onset of each grass pollen season <ul style="list-style-type: none"> <li>• The common grass pollen season starts in the spring and remains throughout the summer</li> </ul> |
| Potential cross-reactivity includes: Rye grass, Canary grass, Meadow grass, Cocksfoot grass, Meadow Fescue, Velvet grass, Redtop, Meadow Foxtail, and Wild Rye grass                                 |   |   |

### References

- Brożek, Jan L., et al. "Allergic Rhinitis and its Impact on Asthma (ARIA) guidelines: 2010 revision." *Journal of Allergy and Clinical Immunology* 126.3 (2010): 466-476.
- Grastek (Timothy grass pollen allergen extract) [prescribing information]. Whitehouse Station, NJ: Merck & Co, Inc.; June 2014.
- Oralair (Sweet Vernal, Orchard, Perennial Rye, Timothy, and Kentucky Bluegrass mixed pollens allergen extract) [prescribing information]. Lenoir, NC: Greer Laboratories Inc.; October 2014.
- Ragwitek (short ragweed pollen allergen extract) [prescribing information]. Whitehouse Station, NJ: Merck Sharp & Dohme; June 2014.

## Preferred Drug List

The Preferred Drug List (PDL) is maintained by KDHE-DHCF. Each MCO and KMAP follows the same PDL. Below is a list of current preferred agents. A complete list of both preferred and non-preferred agents may be found on the KDHE-DHCF Web site. The Preferred Drug List is typically updated on the first of each month; please visit the KDHE-DHCF Web site for the most recent version: <http://www.kdheks.gov/hcf/pharmacy/druglist.html>.

### Allergy, Asthma, & COPD Agents

#### *Anticholinergics for the Maintenance of COPD*

Spiriva® (tiotropium)

#### *Combination Products for Allergic Rhinitis*

Dymista® (azelastine/fluticasone)

#### *Short-Acting Beta<sub>2</sub>-Agonists*

AccuNeb® (albuterol)

ProAir HFA® (albuterol)

Proventil® (albuterol)

Ventolin® (albuterol)

#### *Long-Acting Beta<sub>2</sub>-Agonists*

\*Clinical PA may be required

Brovana® (arformoterol)

Striverdi Respimat® (olodaterol)

#### *Inhaled Long-Acting Beta<sub>2</sub>-Agonists/Corticosteroids*

Advair® (fluticasone/salmeterol)

Dulera® (formoterol/mometasone)

Symbicort® (budesonide/formeterol)

#### *Inhaled Corticosteroids*

Azmanex® (mometasone)

Flovent® (fluticasone)

Pulmicort Flexhaler® (budesonide)

Pulmicort Respules® (budesonide)\*

\*56 years of age only

QVAR® (beclomethasone)

#### *Intranasal Antihistamines*

Astelin® (azelastine)

Astero® (azelastine)

Patanase® (olopatadine)

#### *Intranasal Corticosteroids*

Flonase® (fluticasone)

Nasonex® (mometasone)

Omnaris® (ciclesonide)

Qnasl® (beclomethasone)

Zetonna® (ciclesonide)

#### *Non-Sedating Antihistamines*

Claritin® (loratadine)

Zyrtec® (cetirizine)

#### *Ophthalmic Antihistamine/Mast Cell Stabilizer Combinations*

Alaway® (ketotifen)

Pataday® (olopatadine)

Patanol® (olopatadine)

Refresh® (ketotifen)

Zaditor® (ketotifen)

#### *Analgesics*

##### *Long-Acting Opioids*

Avinza® (morphine sulfate ER)

Duragesic® (fentanyl)

MS Contin® (morphine sulfate ER)

OxyContin® (oxycodone SR)

#### *Muscle Relaxants (Skeletal)*

Flexeril® (cyclobenzaprine)

Parafon Forte DSC® (chlorzoxazone)

Robaxin® (methocarbamol)

Robaxin-750® (methocarbamol)

Robaxisal® (methocarbamol/aspirin)

### *Muscle Relaxants (Spasticity)*

Lioresal® (baclofen)

Zanaflex® (tizanidine)\*

#### *\*tablets only*

#### *Ophthalmic NSAIDs*

Acular® (ketorolac)

Acular LS® (ketorolac)

Acuvail® (ketorolac)

Ilevro® (nepafenac)

Nevanac® (nepafenac)

Ocufen® (flurbiprofen)

Voltaren® Ophthalmic (diclofenac)

#### *Topical NSAIDs*

Flector® Patch (diclofenac)

Pennsaid® (diclofenac)\*

#### *\*branded products only*

Voltaren® Gel (diclofenac)

#### *Oral NSAIDs*

Advil® (ibuprofen)

Aleve® (naproxen)

Anaprox® (naproxen)

Anaprox DS® (naproxen)

Ansaid® (flurbiprofen)

Cataflam® (diclofenac potassium)

Clinoril® (sulindac)

EC-Naprosyn® (naproxen)

Feldene® (piroxitam)\*

#### *\*branded products only*

Indocin® (indomethacin)

Mobic® (meloxicam)

Motrin® (ibuprofen)

Motrin IB® (ibuprofen)

Naprelan® (naproxen)

Naprosyn® (naproxen)

Orudis® (ketoprofen)

Orudis KT® (ketoprofen)

Oruvail® (ketoprofen)

Relafen® (nabumetone)

Tolectin DS® (tolmetin)

Tolectin 600® (tolmetin)

Toradol® (ketorolac)\*

#### *\*limited to a 5 day supply*

Voltaren® (diclofenac)

Voltaren® XR (diclofenac)

#### *COX-II Inhibitors*

Celebrex® (celecoxib)

#### *Triptans*

Imitrex® (sumatriptan)\*

#### *\*tablets only*

Maxalt® (rizatropin)

Maxalt-MLT® (rizatropin)

Relpax® (eletriptan)

#### *Antihyperlipidemics*

##### *Bile Acid Sequestrants*

Colestid® (colestipol)

Prevalite® (cholestyramine)

Welchol® (colesevelam)

#### *Combination Products for Hyperlipidemia*

Liptruzet® (ezetimibe/atorvastatin)

Vytori® (ezetimibe/simvastatin)

### *Fibric Acid Derivatives*

Fenofibrate generics

Lopid® (gemfibrozil)

#### *Statins*

Lipitor® (atorvastatin)

Mevacor® (lovastatin)

Pravachol® (pravastatin)

Zocor® (simvastatin)

#### *HoFH Agents*

Kynamro® ( mipomersen )

#### *Hypertriglyceridemia Agents*

Lovaza® (omega-3 acid ethyl esters)

#### *Anti-Infectives*

##### *Antiherpes Virus Agents*

Zovirax® (acyclovir)\*

#### *\*oral dosage forms only*

#### *Hepatitis C Protease Inhibitors*

Victrelis® (boceprevir)

#### *Inhaled Tobramycin Products*

Bethkis® (tobramycin)

Tobi® (tobramycin)

#### *Biologics*

##### *Adult Rheumatoid Arthritis*

\*Clinical PA may be required

Enbrel® (etanercept)

Humira® (adalimumab)

#### *Ankylosing Spondylitis*

\*Clinical PA may be required

Enbrel® (etanercept)

Humira® (adalimumab)

#### *Crohn's Disease*

\*Clinical PA may be required

Humira® (adalimumab)

#### *Juvenile Idiopathic Arthritis*

\*Clinical PA may be required

Enbrel® (etanercept)

Humira® (adalimumab)

#### *Plaque Psoriasis*

\*Clinical PA may be required

Enbrel® (etanercept)

Humira® (adalimumab)

#### *Psoriatic Arthritis*

\*Clinical PA may be required

Enbrel® (etanercept)

Humira® (adalimumab)

#### *Ulcerative Colitis*

\*Clinical PA may be required

Humira® (adalimumab)

#### *Cardiovascular Agents*

##### *ACE Inhibitors*

Accupril® (quinapril)

Lotensin® (benazepril)

Monopril® (fosinopril)

Prinivil® (lisinopril)

Zestril® (lisinopril)

#### *ACE Inhibitors/CCB Combos*

Lotrel® (benazepril/amlodipine)

### *ARBs*

Benicar® (olmesartan)

Benicar HCT® (olmesartan/HCTZ)

Cozaar® (losartan)

Diovan® (valsartan)

Diovan HCT® (valsartan/HCTZ)

Hyzar® (losartan/HCTZ)

#### *ARB/CCB Combos*

Exforge® (amlodipine/valsartan)

Twynsta® (amlodipine/telmisartan)

#### *Beta-Blockers*

Coreg® (carvedilol)

Inderal® (propranolol)

Lopressor® (metoprolol tartrate)

Propranolol® Intensol (propranolol)

Tenormin® (atenolol)

#### *CCBs (Dihydropyridines)*

Adalat CC® (nifedipine ER)

Cardene® (nicardipine IR)

Norvasc® (amlodipine)

Procardia® XL (nifedipine ER)

#### *CCBs (Non-Dihydropyridines)*

Calan® (verapamil IR)

Calan SR® (verapamil SR)

Cardizem® (diltiazem IR)

Covera HS® (verapamil)\*

#### *\*branded products only*

Diltia XT® (diltiazem)\*

#### *\*brand & AB-rated generics*

Isoptin® SR (verapamil SR)

Tiazac® (diltiazem)\*

#### *\*brand & AB-rated generics*

Verelan® (verapamil SR)

#### *Central Nervous System Agents*

##### *Adjunct Antiepileptics*

Kepra® (levetiracetam)

Kepra® XR (levetiracetam XR)

Lyrica® (pregabalin)

Neurontin® ( gabapentin )

Zonegran® ( zonisamide )

#### *Non-Benzo Sedative Hypnotics*

Ambien® (zolpidem)

Zolpidem generics

#### *Non-Scheduled Sleep Agents*

Roserem® (remelteon)

#### *Diabetic Agents*

##### *Alpha-glucosidase Inhibitors*

Glyset® ( miglitol )

#### *Biguanides*

Glucophage® ( metformin )

Metformin ER generics

#### *Dipeptidyl Peptidase-4 Inhibitors*

Januvia® (sitagliptin)

Onglyza® ( saxagliptin )

#### *Incretin Mimetics*

\*Clinical PA may be required

Bydureon® (exenatide ER)

Byetta® (exenatide)

Victoza® (liraglutide)

**The list of preferred drugs is continued on page 4.** This list was updated on **5/1/2015**. Please visit the KDHE-DHCF Web site for the most current version. Please note that when a generic product is available for a preferred or non-preferred agent, the pharmacy will receive a lower reimbursement rate for the branded product unless a DAW PA is approved.

# Preferred Drug List

**Continued from page 3.**

**Insulin Delivery Systems**

All multi-dose vials  
Novolog® PenFill & FlexPen  
Novolog® Mix PenFill & FlexPen

**Long-Acting Insulin**

Lantus® (insulin glargine)  
Levemir® (insulin detemir)

**Meglitinides**

Prandin® (repaglinide)  
Starlix® (nateglinide)

**2<sup>nd</sup> Generation Sulfonylureas**

Amaryl® (glimepiride)  
DiaBeta® (glyburide)  
Glucotrol® (glipizide)  
Glucovance® (glyburide/metformin)  
Glynase PresTab® (micronized glyburide)  
Micronase® (glyburide)

**SGLT2 Inhibitors**

Farxiga® (dapagliflozin)  
Invokana® (canagliflozin)

**Thiazolidinediones**

Actos® (pioglitazone)  
ACTOplus Met®  
(pioglitazone/metformin)  
ACTOplus Met® XR  
(pioglitazone/metformin)

**Gastrointestinal Agents**

**H<sub>2</sub> Antagonists**

Pepcid® (famotidine)  
Zantac® (ranitidine)

**Oral Mesalamine Products**

Apriso® (mesalamine DR)  
Asacol® (mesalamine ER)\*

\*non-HD formulation

**Pancreatic Enzyme Replacements**

Creon® (pancrelipase)  
Ultresa® (pancrelipase)  
Viokace® (pancrelipase)  
Zenpep® (pancrelipase)

**Proton Pump Inhibitors**

Prilosec® (omeprazole)  
Protonix® (pantoprazole)

**Serotonin 5HT<sub>3</sub> Antagonists**

Zofran® (ondansetron)  
Zofran® ODT (ondansetron)

**Gout Agents**

**Xanthine Oxidase Inhibitors**

Zyloprim® (allopurinol)

**Injectables**

**Erythropoiesis-Stimulating Agents**

Aranesp® (darbepoetin alfa)  
Epogen® (epoetin alfa)  
Procrit® (epoetin alfa)

**Growth Hormones**

\*Clinical PA may be required

Genotropin® (somatropin)  
Norditropin® (somatropin)  
Omnitrope® (somatropin)

**Ophthalmic Agents**

**Ophthalmic Prostaglandin Analogs**

Xalatan® (latanoprost)  
Zioptan® (tafluprost)

**Carbonic Anhydrase Inhibitors**

Simbrinza® (brinzolamide/  
brimondidine)  
Trusopt® (dorzolamide)

**Osteoporosis Agents**

**Bisphosphonates**

Fosamax® (alendronate)  
Fosamax Plus D®  
(alendronate/cholecalciferol)

**Otic Anti-Infective/Steroid Combinations**

**Otic Combinations**

Cipro HC® (ciprofloxacin/  
hydrocortisone)  
Ciprodex® (ciprofloxacin/dexamethasone)  
Cortisporin® Otic (neomycin/  
polymyxinB/HC)

**Urologic Agents**

**Anticholinergic Agents**

Ditropan® (oxybutynin)  
Ditropan XL® (oxybutynin ER)  
Toviaz® (fesoterodine)  
Vesicare® (solifenacain)

**Beta-3 Adrenergic Agonists**

Myrbetriq® (mirabegron)

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